

YOUTH SERVICES SURVEY (YSS)

Please help our agency make services better by answering some questions about the services you received **OVER THE LAST 6 MONTHS**. Your answers are confidential and will not influence the services you receive. Please indicate if you **Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree** with each of the statements below. Put a cross (X) in the box that best describes your answer. Thank you!!!

[illegible]

1. Overall, I am satisfied with the services I received.
 2. I helped to choose my services.
 3. I helped to choose my treatment goals.
 4. The people helping me stuck with me no matter what.
 5. I felt I had someone to talk to when I was troubled.
 6. I participated in my own treatment.
 7. I received services that were right for me.
 8. The location of services was convenient.
 9. Services were available at times that were convenient for me.
 10. I got the help I wanted.
 11. I got as much help as I needed.
 12. Staff treated me with respect.
 13. Staff respected my family's religious/spiritual beliefs.
 14. Staff spoke with me in a way that I understood.
 15. Staff were sensitive to my cultural/ethnic background.
- As a result of the services I received:
16. I am better at handling daily life.
 17. I get along better with family members.
 18. I get along better with friends and other people.
 19. I am doing better in school and/or work.
 20. I am better able to cope when things go wrong.
 21. I am satisfied with my family life right now.

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20. I am better able to cope when things go wrong.
21. I am satisfied with my family life right now.

22. What has been the most helpful thing about the services you received over the **last 6 months**?

23. What would improve the services here? _____

Please answer the following questions to let us know how you are doing.

24. How long did you receive services from this Center?

- ☐ a. Less than 1 month
- ☐ b. 1 – 2 months
- ☐ c. 3 – 5 months
- ☐ d. 6 months to 1 year
- ☐ e. More than 1 year

25. Are you still getting services from this Center?

☐ Yes ☐ No

26. Are you currently living with one or both parents?

☐ Yes ☐ No

27. Have you lived in any of the following places **in the last 6 months?** (CHECK ALL THAT APPLY)

- | | |
|--------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> a. With one or both parents | <input type="checkbox"/> g. Group home |
| <input type="checkbox"/> b. With another family member | <input type="checkbox"/> h. Residential treatment center |
| <input type="checkbox"/> c. Foster home | <input type="checkbox"/> i. Hospital |
| <input type="checkbox"/> d. Therapeutic foster home | <input type="checkbox"/> j. Local jail or detention facility |
| <input type="checkbox"/> e. Crisis shelter | <input type="checkbox"/> k. State correctional facility |
| <input type="checkbox"/> f. Homeless shelter | <input type="checkbox"/> l. Runaway/homeless/on the streets |
| | <input type="checkbox"/> m. Other (describe): _____ |

28. **In the last year,** did you see a medical doctor (nurse) for a health check up or because you were sick? (Check one)

☐ Yes, in a clinic or office ☐ Yes, but only in a hospital emergency room ☐ No ☐ Do not remember

29. Are you on medication for emotional/behavioral problems?

☐ Yes ☐ No

29a. If yes, did the doctor or nurse tell you what side effects to watch for?

☐ Yes ☐ No

30. In the last month, did you get arrested by the police?

☐ Yes ☐ No

31. In the last month, did you go to court for something you did?

☐ Yes ☐ No

32. How often were you absent from school during the last month?

- ☐ 1 day or less
- ☐ 2 days
- ☐ 3 to 5 days
- ☐ 6 to 10 days
- ☐ More than 10 days
- ☐ Not applicable/ not in school
- ☐ Do not remember

Please answer the following questions to let us know a little about you.

Race: (Check two if needed)

___ American Indian/Alaskan Native

___ White (Caucasian)

___ Black (African American)

___ Asian/Pacific Islander

___ Other (describe): _____

Are either of your parents Spanish/Hispanic/Latino? ___ Yes ___ No

Gender: ___ Male ___ Female

Birth Date: _____ **Today's Date:** _____

Do you have Medicaid insurance? ___ Yes ___ No ___ Don't know

Thank you for taking the time to answer these questions!